



## POLICY SIGN-OFF SHEET

**Please print your name**

I, \_\_\_\_\_, hereby state that I have received and reviewed a copy of the City of Boulder's policies and guidelines listed below. The policies and guidelines received:

- Anti-Discrimination/Harassment Policy
- Workplace Conflict Policy
- Alcohol & Drug Use Policy
- Workers Compensation (Reporting accidents or injuries)
- Driving Policy
- Guidelines for Use of Wireless Communication Devices in Vehicles

I understand that it is my responsibility to be familiar with the information contained in the policies above and I am expected to abide by the rules and requirements contained in the policies.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Human Resources \_\_\_\_\_ Date \_\_\_\_\_